

Training

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Infection Control Training Requirements (4/11)

Question: Are there specific infection control topics that we are required to cover in training sessions?

Answer: According to the USAF *Infection Control Guidelines for Dentistry*, training on occupational exposure to bloodborne pathogens and general infection control and prevention policies and procedures must be provided to dental health-care personnel (DHCP) upon initial employment; whenever new tasks or procedures affect the employee's occupational exposure; and at a minimum, annually. Additionally, DHCP must receive training on the signs, symptoms and transmission of tuberculosis. DHCP must also be educated regarding the signs, symptoms, and diagnoses of skin reactions associated with frequent hand hygiene and glove use. The above topics can be covered in one presentation or in separate presentations. Educational materials should be appropriate in content and vocabulary for each person's educational level, literacy, and language, as well as be consistent with existing federal, state, and local regulations. There are several PowerPoint (PPT) presentations on the [DECS Web site](#) that can assist clinics with accomplishing these training requirements. Clinics are encouraged to download the PPT slides and personalize them with local policies and procedures to meet their training requirements.



References

- CDC. Guidelines for infection control in dental health-care settings - 2003. MMWR 2003; 52(No. RR 17):1-66.
- USAF Guidelines for Infection Control in Dentistry.

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Infection Control Training & the Dental Lab (3/11)

Question: Are dental laboratory technicians required to attend newcomers and annual infection control training?

Answer: Yes, dental laboratory technicians are part of the dental clinic team and need to be aware of clinic infection control policies/practices. According to the USAF *Infection Control Guidelines for Dentistry*, training on occupational exposure to bloodborne pathogens and general infection control and prevention policies and procedures must be provided to dental health-care personnel (DHCP) upon initial employment; whenever new tasks or procedures affect the employee's occupational exposure; and at a minimum, annually. Furthermore, the guidelines define DHCP: "Dental health-care personnel refers to all paid and unpaid personnel in the dental health-care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP include dentists, dental hygienists, dental assistants, **dental laboratory technicians**,



students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).” Additionally, dental laboratory technicians also need to receive training specific to their assigned duties. There is a dental laboratory infection control PowerPoint presentation on the [DECS Web site](#) that may be helpful.

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Infection Control Training Frequency (7/10)

Question: How often are we required to provide infection-control training?

Answer: According to the *USAF Infection Control Guidelines for Dentistry*, training regarding occupational exposure to potentially infectious agents and infection-control procedures/protocols must be provided to dental health-care personnel (DHCP):

- upon initial employment;
- when new tasks or procedures affect the employee's occupational exposure; and
- at a minimum, annually.

As a reminder, training must be appropriate for and specific to employee's assigned duties. Studies have shown that ongoing educational and motivational activities may be needed for long-lasting improvement in certain areas of infection control.

Therefore, more frequent training sessions may be beneficial. The 2009 Dental Infection Control Survey results indicate that the majority of USAF dental clinics reported exceeding the mandated minimal requirements, with 84% offering additional training more than once a year.



References

- US Department of Labor, Occupational Safety and Health Administration. 29 CFR Part 1910.1030. Occupational exposure to bloodborne pathogens; needlesticks and other sharps injuries; final rule. Federal Register 2001;66:5317–25. As amended from and includes 29 CFR Part 1910.1030. Occupational exposure to bloodborne pathogens; final rule. Federal Register 1991;56:64174–64182.
- USAF Guidelines for Infection Control in Dentistry.

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Infection Control Training (8/08)

Question: Are administrative employees (e.g., front desk personnel) required to attend infection control training sessions?

Answer: According to the *USAF Infection Control Guidelines for Dentistry*, newcomer's orientation training must be provided for all personnel, including administrative employees. Inclusion of dental staff members with minimal exposure risks (e.g., administrative employees) in annual or recurring education and training programs is optional, but should be considered as a means of enhancing facility-wide understanding of infection-control principles and the importance of the program.



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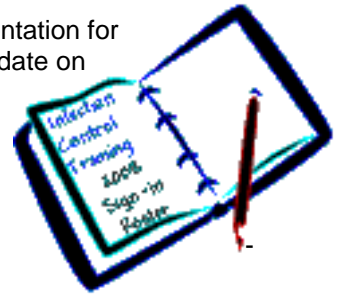
Infection Control Training Records (6/08)

Question: How long should I keep infection control training records? What type of information is required in the training records?

Answer: According to the USAF Infection Control Guidelines for Dentistry, documentation for each infection control training session must be maintained for three years from the date on which the training occurred. This includes training provided by the dental service or Medical Treatment Facility (MTF).

The following information must be included in the records:

- the date of training;
 - a content outline;
 - the trainer's name and qualifications; and
- the names and job titles of all persons attending the training.



Selected References

- Air Force Instruction 44-108, Infection Control Program.
- USAF Guidelines for Infection Control in Dentistry.
- US Department of Labor, Occupational Safety and Health Administration. 29 CFR Part 1910.1030. Occupational exposure to bloodborne pathogens; needlesticks and other sharps injuries; final rule. Federal Register 2001;66:5317–25. As amended from and includes 29 CFR Part 1910.1030. Occupational exposure to bloodborne pathogens; final rule. Federal Register 1991;56:64174–82.

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The Three Steps in Educating Personnel about Infection Control (Originally published in the Jan 2000 issue of InCONTROL)

Question: What steps should I take in educating my staff about infection control?

Answer: Infection control education should be a three-part process. The first step is instruction. All staff members involved in patient care must thoroughly understand the basic concepts of microbiology and the potential for cross-contamination in the dental operator. All personnel must understand their roles in managing the environment around them.

The second part of this process is developing a staff awareness of the importance of infection control. This requires all personnel to look at their everyday activities and identify areas where improvements could be made (e.g., handwashing).

The third part of a good infection control education program combines knowledge and awareness into an "attitude" of infection control. For this to happen, all staff members must be convinced of the importance of good infection control practices, and the fact that their actions must reflect that commitment at all times. Small actions can make a big difference in the quality of care. Attitude is reflected in the staff's behavior.

The goal of the education process is to move all personnel from understanding, to awareness, to a comprehensive attitude. A good infection control program requires incorporating the "how" and "why" of infection control into training processes. It also emphasizes to staff members how their actions affect their environment and patient care.

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